

New York
Effective January 1, 2019

Small Group medical products

Small Group product details – 1* to 100 employees

The plan naming structure includes these elements:

Empire + metal tier + product type + copay or deductible/coinsurance/out-of-pocket maximum

The below overview represents in-network benefits. Please refer to the Evidence of Coverage (EOC) with the Schedule of Benefits (SOB) and any riders associated with the plan for complete coverage details and related terms and conditions. To find a specific SOB for any of these plans, visit plan-summaries.empireblue.com/sobdps/.

	Platinum plans						
Plan type	PPO			EPO			
Plan name	Empire Platinum PPO 5/0%/2600	Empire Platinum PPO 15/0%/3500 80th Percentile FAIR Health	Empire Platinum PPO 250/10%/5250	Empire Platinum EPO 5/0%/2600	Empire Platinum EPO 15/0%/3500	Empire Platinum Blue Access EPO 15/0%/3500	Empire Platinum Blue Access GEPO 20/10%/5500
Network	PPO/EPO	PPO/EPO	PPO/EPO	PPO/EPO	PPO/EPO	Blue Access	Blue Access
Contract code ¹	3JGV	3JTF	3JPX	3JHB	3JU5	3JTX	3JBF
Deductible (individual/family)	\$0/\$0	\$0/\$0	\$250/\$500	\$0/\$0	\$0/\$0	\$0/\$0	\$0/\$0
Coinsurance ²	0%	0%	10%	0%	0%	0%	10%
Out-of-pocket maximum (individual/family)	\$2,600/\$5,200	\$3,500/\$7,000	\$5,250/\$10,500	\$2,600/\$5,200	\$3,500/\$7,000	\$3,500/\$7,000	\$5,500/\$11,000
Office visits: Primary care/Specialist	\$5/\$10	\$15	\$10/\$20	\$5/\$10	\$15	\$15	\$20/\$40
Medical doctor visits: LiveHealth Online ³	Covered in full	Covered in full	Covered in full	Covered in full	Covered in full	Covered in full	Covered in full
Urgent care (facility)	\$25	\$25	\$50	\$25	\$25	\$25	\$50
Emergency room (facility)	\$200	\$200	\$250	\$200	\$200	\$200	10% coinsurance
Outpatient surgery (facility)	\$150	\$200	Deductible, then 10% coinsurance	\$150	\$200	\$200	10% coinsurance
Hospital inpatient admission	\$200 copay per admission	\$300 copay per admission	Deductible, then 10% coinsurance	\$200 copay per admission	\$300 copay per admission	\$300 copay per admission	10% coinsurance
Prescription drugs: network/drug list ⁴	National Plus with R90/Traditional Open	National Plus with R90/Select	National Plus with R90/Traditional Open	National Plus with R90/Traditional Open	National Plus with R90/Traditional Open	National Plus with R90/Select	National Plus with R90/Select
Pharmacy deductible ⁵ (individual/family)	Tiers 1-3: No deductible	Tiers 1-3: No deductible	Tiers 1-3: No deductible	Tiers 1-3: No deductible	Tiers 1-3: No deductible	Tiers 1-3: No deductible	Tiers 1-3: No deductible
Retail pharmacy: 30-day supply (tier 1/tier 2/tier 3)	\$10/\$35/\$75	\$10/\$35/\$75	\$10/\$35/\$75	\$10/\$35/\$75	\$10/\$35/\$75	\$10/\$35/\$75	\$15/\$60/50% up to \$500 per script
Home delivery pharmacy: 90-day supply (tier 1/tier 2/tier 3)	\$25/\$88/\$188	\$25/\$88/\$188	\$25/\$88/\$188	\$25/\$88/\$188	\$25/\$88/\$188	\$25/\$88/\$188	\$38/\$150/50% up to \$1250 per script

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△ Nonembedded deductible and embedded out-of-pocket maximum plans, except contract codes 3JNZ and 3JP7 which have both nonembedded deductible and out-of-pocket maximum. All other plans have embedded deductible and out-of-pocket maximum. For more details, see the Notes section at the end of this booklet.

‡ Deductible waived for drugs on the PreventiveRx Plus drug list. For more information about our drug lists, visit empireblue.com/pharmacyinformation.

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³ LiveHealth Online medical doctor visits are face-to-face video visits using a computer or mobile device between members and a board-certified, LiveHealth Online doctor.

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Small Group product details – 1* to 100 employees

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Empire + metal tier + product type + copay or deductible/coinsurance/out-of-pocket maximum

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	Gold plans						
Plan type	PPO	PPO HSA	EPO				
Plan name	Empire Gold PPO 1000/10%/5000	Empire Gold PPO 1350/0%/3000 w/HSA [△]	Empire Gold EPO 25/0%/6000	Empire Gold EPO 35/10%/5850	Empire Gold EPO 500/20%/7350	Empire Gold EPO 1000/10%/5000	Empire Gold EPO 1500/10%/7000
Network	PPO/EPO	PPO/EPO	PPO/EPO	PPO/EPO	PPO/EPO	PPO/EPO	PPO/EPO
Contract code ¹	3JKX	3JNZ	3JHK	3JJH	3JLD	3JKP	3JQ5
Deductible (individual/family)	\$1,000/\$2,000	\$1,350/\$2,700	\$0/\$0	\$0/\$0	\$500/\$1,000	\$1,000/\$2,000	\$1,500/\$3,000
Coinsurance ²	10%	0%	0%	10%	20%	10%	10%
Out-of-pocket maximum (individual/family)	\$5,000/\$10,000	\$3,000/\$6,000	\$6,000/\$12,000	\$5,850/\$11,700	\$7,350/\$14,700	\$5,000/\$10,000	\$7,000/\$14,000
Office visits: Primary care/Specialist	\$30/\$50	Deductible, then \$15/\$30	\$25/\$50	\$35/\$50	\$25/\$50	\$30/\$50	\$30/\$60
Medical doctor visits: LiveHealth Online ³	Covered in full	Deductible, then covered in full	Covered in full	Covered in full	Covered in full	Covered in full	Covered in full
Urgent care (facility)	\$75	Deductible, then \$30	\$75	\$100	\$75	\$75	\$75
Emergency room (facility)	\$500	Deductible, then \$300	\$400	\$400	\$400	\$500	\$400
Outpatient surgery (facility)	Deductible, then 10% coinsurance	Deductible, then \$300	\$400	\$500	Deductible, then 20% coinsurance	Deductible, then 10% coinsurance	Deductible, then 10% coinsurance
Hospital inpatient admission	Deductible, then 10% coinsurance	Deductible, then \$400 copay per admission	\$400 copay per day up to 4 days per admission	\$500 copay per day up to 4 days per admission	Deductible, then 20% coinsurance	Deductible, then 10% coinsurance	Deductible, then 10% coinsurance
Prescription drugs: network/drug list ⁴	National Plus with R90/Traditional Open	National Plus with R90/Traditional Open	National Plus with R90/Traditional Open	National Plus with R90/Traditional Open	National Plus with R90/Traditional Open	National Plus with R90/Traditional Open	National Plus with R90/Traditional Open
Pharmacy deductible ⁵ (individual/family)	Tiers 1-3: No deductible	Tiers 1-3: Medical deductible applies [‡]	Tiers 1-3: No deductible	Tiers 1-3: No deductible	Tiers 1-3: No deductible	Tiers 1-3: No deductible	Tiers 1-3: No deductible
Retail pharmacy: 30-day supply (tier 1/tier 2/tier 3)	\$10/\$50/\$75	\$10/\$50/\$80	\$10/\$50/\$75	\$10/\$50/\$75	\$10/\$50/\$75	\$10/\$50/\$75	\$10/\$50/\$75
Home delivery pharmacy: 90-day supply (tier 1/tier 2/tier 3)	\$25/\$125/\$188	\$25/\$125/\$200	\$25/\$125/\$188	\$25/\$125/\$188	\$25/\$125/\$188	\$25/\$125/\$188	\$25/\$125/\$188

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	Gold plans						
Plan type	EPO						EPO HSA
Plan name	Empire Gold Blue Access EPO 25/0%/6000	Empire Gold Blue Access EPO 35/10%/5850	Empire Gold Blue Access GEPO 40/30%/6000	Empire Gold Blue Access EPO 500/20%/7350	Empire Gold Blue Access EPO 1250/20%/4000	Empire Gold Blue Access GEPO 1500/20%/6000	Empire Gold Blue Access EPO 1350/0%/3000 w/HSA ^Δ
Network	Blue Access	Blue Access	Blue Access	Blue Access	Blue Access	Blue Access	Blue Access
Contract code ¹	3JJ1	3JJR	3JB7	3JLV	3JKF	3JWH	3JP7
Deductible (individual/family)	\$0/\$0	\$0/\$0	\$0/\$0	\$500/\$1,000	\$1,250/\$2,500	\$1,500/\$3,000	\$1,350/\$2,700
Coinsurance ²	0%	10%	30%	20%	20%	20%	0%
Out-of-pocket maximum (individual/family)	\$6,000/\$12,000	\$5,850/\$11,700	\$6,000/\$12,000	\$7,350/\$14,700	\$4,000/\$8,000	\$6,000/\$12,000	\$3,000/\$6,000
Office visits: Primary care/Specialist	\$25/\$50	\$35/\$50	\$40/\$70	\$25/\$50	\$25/\$50	\$30/\$60	Deductible, then \$15/\$30
Medical doctor visits: LiveHealth Online ³	Covered in full	Covered in full	Covered in full	Covered in full	Covered in full	Covered in full	Deductible, then covered in full
Urgent care (facility)	\$75	\$100	\$75	\$75	\$75	\$100	Deductible, then \$30
Emergency room (facility)	\$400	\$400	30% coinsurance	\$400	\$400	Deductible, then 20% coinsurance	Deductible, then \$300
Outpatient surgery (facility)	\$400	\$500	30% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then \$300
Hospital inpatient admission	\$400 copay per day up to 4 days per admission	\$500 copay per day up to 4 days per admission	30% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then \$400 copay per admission
Prescription drugs: network/drug list ⁴	National Plus with R90/Select	National Plus with R90/Select	National Plus with R90/Select	National Plus with R90/Select	National Plus with R90/Select	National Plus with R90/Select	National Plus with R90/Select
Pharmacy deductible ⁵ (individual/family)	Tiers 1-3: No deductible	Tiers 1-3: No deductible	Tiers 1-3: No deductible	Tiers 1-3: No deductible	Tiers 1-3: No deductible	Tier 1: No deductible Tiers 2-3: Medical deductible applies	Tiers 1-3: Medical deductible applies [‡]
Retail pharmacy: 30-day supply (tier 1/tier 2/tier 3)	\$10/\$50/\$75	\$10/\$50/\$75	\$15/\$60/50% up to \$500 per script	\$10/\$50/\$75	\$10/\$50/\$75	\$15/\$60/50% up to \$500 per script	\$10/\$50/\$80
Home delivery pharmacy: 90-day supply (tier 1/tier 2/tier 3)	\$25/\$125/\$188	\$25/\$125/\$188	\$38/\$150/50% up to \$1250 per script	\$25/\$125/\$188	\$25/\$125/\$188	\$38/\$150/50% up to \$1250 per script	\$25/\$125/\$200

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	Silver plans						
Plan type	PPO HSA		EPO				
Plan name	Empire Silver PPO 2700/30%/5000 w/HSA [△]	Empire Silver PPO 3000/0%/5250 w/HSA	Empire Silver EPO 1500/30%/7350	Empire Silver EPO 2500/30%/7500	Empire Silver EPO 2750/30%/7350	Empire Silver EPO 3000/30%/7350	Empire Silver Blue Access EPO 1500/30%/7350
Network	PPO/EPO	PPO/EPO	PPO/EPO	PPO/EPO	PPO/EPO	PPO/EPO	Blue Access
Contract code ¹	3JE9	3JMB	3JC5	3JS1	3JQM	3JSZ	3JCM
Deductible (individual/family)	\$2,700/\$5,400	\$3,000/\$6,000	\$1,500/\$3,000	\$2,500/\$5,000	\$2,750/\$5,500	\$3,000/\$6,000	\$1,500/\$3,000
Coinsurance ²	30%	0%	30%	30%	30%	30%	30%
Out-of-pocket maximum (individual/family)	\$5,000/\$10,000	\$5,250/\$10,500	\$7,350/\$14,700	\$7,500/\$15,000	\$7,350/\$14,700	\$7,350/\$14,700	\$7,350/\$14,700
Office visits: Primary care/Specialist	Deductible, then 30% coinsurance	Deductible, then \$25/\$50	\$35 for first 3 visits, then deductible and 30% coinsurance	\$40/\$70	\$40/\$80	\$30/\$60	\$35 for first 3 visits, then deductible and 30% coinsurance
Medical doctor visits: LiveHealth Online ³	Deductible, then covered in full	Deductible, then covered in full	Covered in full	Covered in full	Covered in full	Covered in full	Covered in full
Urgent care (facility)	Deductible, then 30% coinsurance	Deductible, then \$50	Deductible, then \$75	\$75	\$80	\$75	Deductible, then \$75
Emergency room (facility)	Deductible, then 30% coinsurance	Deductible, then \$300	Deductible, then \$500	Deductible, then \$700	\$700	Deductible, then \$700	Deductible, then \$500
Outpatient surgery (facility)	Deductible, then 30% coinsurance	Deductible, then \$200	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance
Hospital inpatient admission	Deductible, then 30% coinsurance	Deductible, then \$500 copay per day up to 4 days per admission	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance
Prescription drugs: network/drug list ⁴	National Plus with R90/Traditional Open	National Plus with R90/Traditional Open	National Plus with R90/Traditional Open	National Plus with R90/Traditional Open	National Plus with R90/Traditional Open	National Plus with R90/Traditional Open	National Plus with R90/Select
Pharmacy deductible ⁵ (individual/family)	Tiers 1-3: Medical deductible applies [‡]	Tiers 1-3: Medical deductible applies [‡]	Tier 1: No deductible Tiers 2-3: \$250/\$500 Pharmacy deductible	Tier 1: No deductible Tiers 2-3: \$250/\$500 Pharmacy deductible	Tier 1: No deductible Tiers 2-3: \$250/\$500 Pharmacy deductible	Tier 1: No deductible Tiers 2-3: Medical deductible applies	Tier 1: No deductible Tiers 2-3: \$250/\$500 Pharmacy deductible
Retail pharmacy: 30-day supply (tier 1/tier 2/tier 3)	\$10/\$50/\$80	\$10/\$40/\$80	\$15/\$50/\$80	\$15/\$50/\$80	\$15/\$50/\$80	\$15/\$50/\$90	\$15/\$50/\$80
Home delivery pharmacy: 90-day supply (tier 1/tier 2/tier 3)	\$25/\$125/\$200	\$25/\$100/\$200	\$38/\$125/\$200	\$38/\$125/\$200	\$38/\$125/\$200	\$38/\$125/\$225	\$38/\$125/\$200

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	Silver plans						Bronze plans
Plan type	EPO			EPO HSA			EPO
Plan name	Empire Silver Blue Access EPO 2500/30%/7500	Empire Silver Blue Access EPO 2750/30%/7350	Empire Silver Blue Access GEPO 4000/40%/7350	Empire Silver EPO 2700/30%/5000 w/HSA [△]	Empire Silver EPO 3000/0%/5250 w/HSA	Empire Silver Blue Access EPO 3000/0%/5250 w/HSA	Empire Bronze Blue Access GEPO 6500/40%/7900
Network	Blue Access	Blue Access	Blue Access	PP0/EPO	PP0/EPO	Blue Access	Blue Access
Contract code ¹	3JS9	3JQV	3JV3	3JE1	3JMK	3JMT	3JUV
Deductible (individual/family)	\$2,500/\$5,000	\$2,750/\$5,500	\$4,000/\$8,000	\$2,700/\$5,400	\$3,000/\$6,000	\$3,000/\$6,000	\$6,500/\$13,000
Coinsurance ²	30%	30%	40%	30%	0%	0%	40%
Out-of-pocket maximum (individual/family)	\$7,500/\$15,000	\$7,350/\$14,700	\$7,350/\$14,700	\$5,000/\$10,000	\$5,250/\$10,500	\$5,250/\$10,500	\$7,900/\$15,800
Office visits: Primary care/Specialist	\$40/\$70	\$40/\$80	\$40/\$70	Deductible, then 30% coinsurance	Deductible, then \$25/\$50	Deductible, then \$25/\$50	\$50/\$80
Medical doctor visits: LiveHealth Online ³	Covered in full	Covered in full	Covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Covered in full
Urgent care (facility)	\$75	\$80	\$75	Deductible, then 30% coinsurance	Deductible, then \$50	Deductible, then \$50	\$100
Emergency room (facility)	Deductible, then \$700	\$700	Deductible, then 40% coinsurance	Deductible, then 30% coinsurance	Deductible, then \$300	Deductible, then \$300	Deductible, then 40% coinsurance
Outpatient surgery (facility)	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 40% coinsurance	Deductible, then 30% coinsurance	Deductible, then \$200	Deductible, then \$200	Deductible, then 40% coinsurance
Hospital inpatient admission	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 40% coinsurance	Deductible, then 30% coinsurance	Deductible, then \$500 copay per day up to 4 days per admission	Deductible, then \$500 copay per day up to 4 days per admission	Deductible, then 40% coinsurance
Prescription drugs: network/drug list ⁴	National Plus with R90/Select	National Plus with R90/Select	National Plus with R90/Select	National Plus with R90/Traditional Open	National Plus with R90/Traditional Open	National Plus with R90/Select	National Plus with R90/Select
Pharmacy deductible ⁵ (individual/family)	Tier 1: No deductible Tiers 2-3: \$250/\$500 Pharmacy deductible	Tier 1: No deductible Tiers 2-3: \$250/\$500 Pharmacy deductible	Tier 1: No deductible Tiers 2-3: Medical deductible applies	Tiers 1-3: Medical deductible applies [‡]	Tiers 1-3: Medical deductible applies [‡]	Tiers 1-3: Medical deductible applies [‡]	Tier 1: No deductible Tiers 2-3: Medical deductible applies
Retail pharmacy: 30-day supply (tier 1/tier 2/tier 3)	\$15/\$50/\$80	\$15/\$50/\$80	\$15/\$60/50% up to \$500 per script	\$10/\$50/\$80	\$10/\$40/\$80	\$10/\$40/\$80	\$15/\$60/50% up to \$500 per script
Home delivery pharmacy: 90-day supply (tier 1/tier 2/tier 3)	\$38/\$125/\$200	\$38/\$125/\$200	\$38/\$150/50% up to \$1250 per script	\$25/\$125/\$200	\$25/\$100/\$200	\$25/\$100/\$200	\$38/\$150/50% up to \$1250 per script

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The plan naming structure includes these elements:

Empire + metal tier + product type + copay or deductible/coinsurance/out-of-pocket maximum

The below overview represents in-network benefits. Please refer to the Evidence of Coverage (EOC) with the Schedule of Benefits (SOB) and any riders associated with the plan for complete coverage details and related terms and conditions. To find a specific SOB for any of these plans, visit plan-summaries.empireblue.com/sobdps/.

	Bronze plans				
Plan type	EPO	EPO HSA			
Plan name	Empire Bronze Blue Access EPO 7900/0%/7900	Empire Bronze EPO 5500/20%/6700 w/HSA ^Δ	Empire Bronze EPO 5500/35%/6700 w/HSA ^Δ	Empire Bronze Blue Access EPO 5500/20%/6700 w/HSA ^Δ	Empire Bronze Blue Access EPO 5500/35%/6700 w/HSA ^Δ
Network	Blue Access	PPO/EPO	PPO/EPO	Blue Access	Blue Access
Contract code ¹	3JRK	3JD3	3JER	3JDB	3JF7
Deductible (individual/family)	\$7,900/\$15,800	\$5,500/\$11,000	\$5,500/\$11,000	\$5,500/\$11,000	\$5,500/\$11,000
Coinsurance ²	0%	20%	35%	20%	35%
Out-of-pocket maximum (individual/family)	\$7,900/\$15,800	\$6,700/\$13,400	\$6,700/\$13,400	\$6,700/\$13,400	\$6,700/\$13,400
Office visits: Primary care/Specialist	Deductible, then 0% coinsurance	Deductible, then \$50/\$75	Deductible, then 35% coinsurance	Deductible, then \$50/\$75	Deductible, then 35% coinsurance
Medical doctor visits: LiveHealth Online ³	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full
Urgent care (facility)	Deductible, then 0% coinsurance	Deductible, then \$75	Deductible, then 35% coinsurance	Deductible, then \$75	Deductible, then 35% coinsurance
Emergency room (facility)	Deductible, then 0% coinsurance	Deductible, then \$350	Deductible, then 35% coinsurance	Deductible, then \$350	Deductible, then 35% coinsurance
Outpatient surgery (facility)	Deductible, then 0% coinsurance	Deductible, then \$350	Deductible, then 35% coinsurance	Deductible, then \$350	Deductible, then 35% coinsurance
Hospital inpatient admission	Deductible, then 0% coinsurance	Deductible, then \$500 copay per day up to 4 days per admission	Deductible, then 35% coinsurance	Deductible, then \$500 copay per day up to 4 days per admission	Deductible, then 35% coinsurance
Prescription drugs: network/drug list ⁴	National Plus with R90/Select	National Plus with R90/Traditional Open	National Plus with R90/Traditional Open	National Plus with R90/Select	National Plus with R90/Select
Pharmacy deductible ⁵ (individual/family)	Tiers 1-3: Medical deductible applies	Tiers 1-3: Medical deductible applies [‡]	Tiers 1-3: Medical deductible applies [‡]	Tiers 1-3: Medical deductible applies [‡]	Tiers 1-3: Medical deductible applies [‡]
Retail pharmacy: 30-day supply (tier 1/tier 2/tier 3)	0%	\$15/\$50/\$90	\$15/\$50/\$90	\$15/\$50/\$90	\$15/\$50/\$90
Home delivery pharmacy: 90-day supply (tier 1/tier 2/tier 3)	0%	\$38/\$125/\$225	\$38/\$125/\$225	\$38/\$125/\$225	\$38/\$125/\$225

* A Small Group must have at least one active, full-time FTE employee (working at least 20 hours per week), but no more than 100 FTE employees. A Small Group can consist of one non-spouse employee plus the business owner; a group of 100 would consist of the business owner plus 99 employees. Empire Dental is offered to groups 2-100.

Δ Nonembedded deductible and embedded out-of-pocket maximum plans, except contract codes 3JNZ and 3JP7 which have both nonembedded deductible and out-of-pocket maximum. All other plans have embedded deductible and out-of-pocket maximum. For more details, see the Notes section at the end of this booklet.

‡ Deductible waived for drugs on the PreventiveRx Plus drug list. For more information about our drug lists, visit empireblue.com/pharmacyinformation.

1 Please see benefit proposal for final contract code.

2 Not all services are subject to plan coinsurance. For details, refer to the Evidence of Coverage (EOC) with Schedule of Benefits (SOB).

3 LiveHealth Online medical doctor visits are face-to-face video visits using a computer or mobile device between members and a board-certified, LiveHealth Online doctor.

4 For the Traditional Open Drug List, if there is a generic drug available and members choose a brand name drug instead, members will be responsible for paying the Tier 1 cost share plus the difference in cost between the generic drug and the brand name drug. For more information about our drug lists, visit empireblue.com/pharmacyinformation.

5 For plans with a deductible, the cost share applies after deductible for the tiers listed. For plans with a separate pharmacy deductible, the deductible is combined for retail and home delivery.

Exclusions and limitations

In this section, you'll find a review of items that are not covered by your plan. Excluded items will not be covered even if the service, supply, or equipment is medically necessary. This section is only meant to be an aid to point out certain items that may be misunderstood as covered services. This section is not meant to be a complete list of all the items that are excluded by your plan. Consult the Evidence of Coverage and schedule of benefits for complete coverage details.

Medical plans

1. **Aviation** – We do not cover services arising out of aviation, other than as a fare-paying passenger on a scheduled or charter flight operated by a scheduled airline.
2. **Convalescent and custodial care** – We do not cover services related to rest cures, custodial care or transportation. "Custodial care" means help in transferring, eating, dressing, bathing, toileting and other such related activities. Custodial care does not include covered services determined to be medically necessary.
3. **Conversion therapy** – We do not cover conversion therapy. Conversion therapy is any practice by a mental health professional that seeks to change the sexual orientation or gender identity of a member under 18 years of age, including efforts to change behaviors, gender expressions, or to eliminate or reduce sexual or romantic attractions or feelings toward individuals of the same sex. Conversion therapy does not include counseling or therapy for an individual who is seeking to undergo a gender transition or who is in the process of undergoing a gender transition, that provides acceptance, support, and understanding of an individual or the facilitation of an individual's coping, social support, and identity exploration and development, including sexual orientation-neutral interventions to prevent or address unlawful conduct or unsafe sexual practices, provided that the counseling or therapy does not seek to change sexual orientation or gender identity.
4. **Cosmetic services** – We do not cover cosmetic services, prescription drugs, or surgery, unless otherwise specified, except that cosmetic surgery shall not include reconstructive surgery when such service is incidental to or follows surgery resulting from trauma, infection or diseases of the involved part, and reconstructive surgery because of congenital disease or anomaly of a covered child which has resulted in a functional defect. We also cover services in connection with reconstructive surgery following a mastectomy, as provided elsewhere in the member's Evidence of Coverage. Cosmetic surgery does not include surgery determined to be medically necessary. If a claim for a procedure listed in 11 NYCRR 56 (e.g., certain plastic surgery and dermatology procedures) is submitted retrospectively and without medical information, any denial will not be subject to the Utilization Review process in the Utilization Review and External Appeal sections of the member's Evidence of Coverage unless medical information is submitted.
5. **Coverage outside of the United States, Canada or Mexico** – We do not cover care or treatment provided outside of the United States, its possessions, Canada or Mexico except for emergency services, pre-hospital emergency medical services and ambulance services to treat the member's emergency condition.
6. **Dental services** – We do not cover dental services except for: care or treatment due to accidental injury to sound natural teeth within 12 months of the accident; dental care or treatment necessary due to congenital disease or anomaly; or dental care or treatment specifically stated in the Outpatient and Professional Services and Pediatric Dental Care sections of the member's Evidence of Coverage.
7. **Experimental or investigational treatment** – We do not cover any health care service, procedure, treatment, device, or prescription drug that is experimental or investigational. However, we will cover experimental or investigational treatments, including treatment for a member's rare disease or patient costs for a member's participation in a clinical trial as described in the Outpatient and Professional Services section of the member's Evidence of Coverage, when our denial of services is overturned by an External Appeal Agent certified by the State. However, for clinical trials we will not cover the costs of any investigational drugs or devices, non-health services required for the member to receive the treatment, the costs of managing the research, or costs that would not be covered under the member's Evidence of Coverage for non-investigational treatments. See the Utilization Review and External Appeal sections of the member's Evidence of Coverage for a further explanation of the member's appeal rights.
8. **Felony participation** – We do not cover any illness, treatment or medical condition due to a member's participation in a felony, riot or insurrection. This exclusion does not apply to coverage for services involving injuries suffered by a victim of an act of domestic violence or for services as a result of a member's medical condition (including both physical and mental health conditions).
9. **Foot care** – We do not cover routine foot care in connection with corns, calluses, flat feet, fallen arches, weak feet, chronic foot strain or symptomatic complaints of the feet. However, we will cover foot care when the member has a specific medical condition or disease resulting in circulatory deficits or areas of decreased sensation in his or her legs or feet.
10. **Government facility** – We do not cover care or treatment provided in a hospital that is owned or operated by any federal, state or other governmental entity, except as otherwise required by law unless the member is taken to the hospital because it is close to the place where the member was injured or became ill and emergency services are provided to treat the member's emergency condition.
11. **Medically necessary** – In general, we will not cover any health care service, procedure, treatment, test, device or prescription drug that we determine is not medically necessary. If an External Appeal Agent certified by the State overturns our denial, however, we will cover the service, procedure, treatment, test, device or prescription drug for which coverage has been denied, to the extent that such service, procedure, treatment, test, device or prescription drug is otherwise covered under the terms of the member's Evidence of Coverage.
12. **Medicare or other governmental program** – We do not cover services if benefits are provided for such services under the federal Medicare program or other governmental program (except Medicaid).
13. **Military service** – We do not cover an illness, treatment or medical condition due to service in the Armed Forces or auxiliary units.
14. **No-fault automobile insurance** – We do not cover any benefits to the extent provided for any loss or portion thereof for which mandatory automobile no-fault benefits are recovered or recoverable. This exclusion applies even if the member does not make a proper or timely claim for the benefits available to him or her under a mandatory no-fault policy.
15. **Services not listed** – We do not cover services that are not listed in the member's Evidence of Coverage as being covered.

16. **Services provided by a family member** – We do not cover services performed by a member of the covered person's immediate family. "Immediate family" shall mean a child, spouse, mother, father, sister or brother of the member or the member's spouse.
17. **Services separately billed by hospital employees** – We do not cover services rendered and separately billed by employees of hospitals, laboratories or other institutions.
18. **Services with no charge** – We do not cover services for which no charge is normally made.
19. **Vision services** – We do not cover the examination or fitting of eyeglasses or contact lenses, except as specifically stated in the Vision Care sections of the member's Evidence of Coverage.
20. **War** – We do not cover an illness, treatment or medical condition due to war, declared or undeclared.
21. **Workers' compensation** – We do not cover services if benefits for such services are provided under any state or federal Workers' Compensation, employers' liability or occupational disease law.

Notes

- **Non-embedded deductible with embedded out-of-pocket maximum when more than a single enrolled** – The individual deductible does not apply and the family deductible must be met by any one individual or collection of individuals but each individual is capped at his or her individual out-of-pocket maximum for covered services applied to family deductible within accumulation period.
- **Non-embedded deductible with non-embedded out-of-pocket maximum when more than a single enrolled** – The individual deductible does not apply and the family deductible must be met by any one individual or collection of individuals. The individual out-of-pocket maximum does not apply and the family out-of-pocket maximum must be met by any one individual or collection of individuals.
- **Embedded deductible with embedded out-of-pocket maximum** – The individual deductible applies to each individual and once a person meets his or her individual deductible, no further deductible applies. However, when more than single enrolled after deductible payments for persons covered under plan collectively total family deductible, no further deductible applies for any person within accumulation period. The individual out-of-pocket maximum applies to each individual. However, when more than single enrolled after out-of-pocket maximum family limit collectively met, no further accrual to out-of-pocket maximum applies for any person within accumulation period.

Together, we make a real difference!

We want to thank you, again, for trusting us with the health of your employees. We know that offering health coverage is a big and very important decision for your business. This valuable coverage is one we're committed to in every way – from helping your employees get and stay healthy to helping you, and them, save as much as possible through lower cost plan and care options. If you ever have any questions, please feel free to call your Empire representative.

Our purpose is to transform health care with trusted and caring solutions.

And it's great that we can do this together!



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This document is a summary and not a contract or policy. Benefit plans have exclusions, limitations and terms that apply. This brochure is not a contract with Empire BlueCross BlueShield (Empire). If there is any difference between this brochure and the Evidence of Coverage, Summaries of Benefits, and related Amendments, the provisions of the Evidence of Coverage, Summaries of Benefits and related Amendments will govern. For more information, please call Empire's Small Group Contact Center at 1-866-422-2583, Monday – Friday from 8:30 a.m. – 5 p.m.

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